PATENT APPLICATION SERIAL NO. __10/517200__

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

Repln. Ref: 05/27/2005 THOLLAND 0010520500
DAN:230975   Name/Number:10517200
FC: 9204 $100.00 CR

12/17/2004 LLANDGRA 00000092 10517200

02 FC:1631   300.00 OP
03 FC:16313/2005 JANDERSO 00000004500.00 OP 10517200
04 FC:1206   150.00 OP
    01 FC:1633   200.00 DA

94 FC:1206   -150.00 OP

Repln. Ref: 06/03/2005 JANDERSO 0008554100
DAN:230975   Name/Number:10517200
FC: 9204 $150.00 CR

05/27/2005 THOLLAND 00000004 10517200

01 FC:1642   400.00 OP

Adjustment date: 05/27/2005 THOLLAND
12/17/2004 LLANDGRA 00000092 10517200
03 FC:1632   -500.00 OP

PTO-1556
  (5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR **PATENT** FEE REFUND			
1 Date of Request: _____	2 Serial/Patent # __10/517200__		

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing		12/8/04	$ 150
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$
	7 TOTAL AMOUNT OF REFUND		$

8 TO BE REFUNDED BY:

	Treasury Check
✓	Credit Deposit A/C #:
9	2 3 -- 0 9 7 5

10 REASON:

✓	Overpayment
	Duplicate Payment
	No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson   TITLE: Paralegal Specialist

SIGNATURE: John Anderson   PHONE: 308-9140 ext 211

OFFICE: PCT - DO/EO

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/90)